

Psychotropic Medication Authorization

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Background

- The Los Angeles County Superior Court implemented the current Psychotropic Medication Authorization (PMA) for all children in out of home care supervised by the Dependency Court on March 18, 2008.
- The PMA process was implemented in Delinquency Court in 2010.

Background (continued)

- On March 2 2009, the Dependency Court implemented a “PMA Monitoring Protocol” in which the Court orders a progress report to be submitted within 40 days of the court’s approval of a new or significantly increased dosage of a psychotropic medication.
- The progress report delineates the child and caregiver’s observations of the effect of the medication and action taken by DCFS to address any problems related to the new medication.

Background (continued)

- On October 1, 2010, DCFS began to import approved PMAs into CWS/CMS. This allows access to the child's court approved medication regiment 24/7 and gives access, in the event of an after hours placement or reported psychiatric crisis to after-hours DCFS staff.

Demographics

- During the month of November 2011:
 - There were 18,504 children in Out-of-Home Care,
 - 425 approved PMAs were received from the court and forwarded to CSWs, physicians and caregivers,
 - The DCFS PMA desk received PMAs from physicians for 410 children for 816 medications.

Demographics

- Of the 410 children:
 - Placement
 - 40% were in foster homes
 - 43% were in group homes
 - 11% were with relatives
 - 6% were in other placements

Demographics (continued)

- Gender

- 50% Male
- 50% Female

- Ethnicity

- 42% Hispanic
- 39% African American
- 15% Caucasian

Demographics (continued)

- Specialty of Treating Physician
 - 84% Child/Adolescent Psychiatry
 - 16% Pediatrics/General Practice/Others

- Most Common Primary Diagnoses
 - 25% Mood Disorders
 - 23% Attention Deficit/Attention Deficit with Hyperactivity Disorders
 - 10% Other Disorders
 - 8% Post-Traumatic Stress Disorder
 - 7% Bipolar Disorder

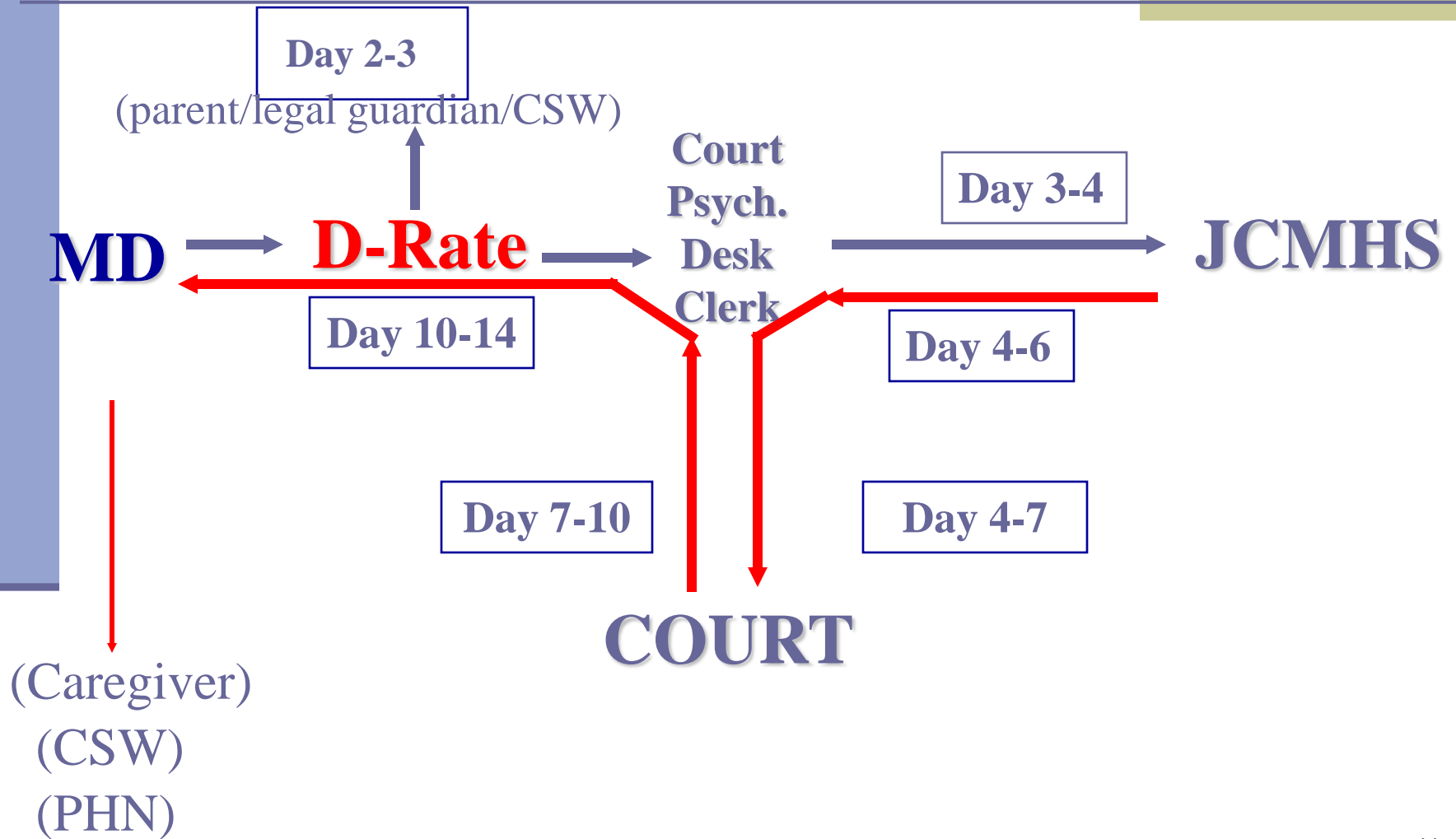
PMA's and Caregivers

- All caregivers are expected to have a copy of the child's PMA in their possession.
- Group Homes and FFAs are audited for compliance with the PMA protocol and can fail audit items if they cannot produce the child's PMA or fail to demonstrate reasonable efforts to obtain a PMA for psychotropic medications administered.

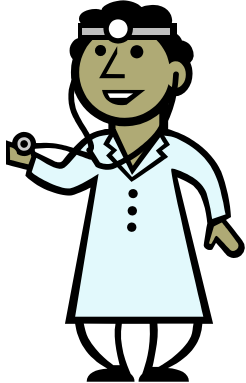
The PMA Process

- Physicians, DCFS staff, Superior Court staff, Juvenile Court Mental Health (DMH) staff, Judges and caregivers all have a role.
- The PMA application changes hands at least 9 times before the approved PMA is received by the caregiver, physician and CSW!

Psychotropic Medication Authorization Time Line & Process



How the PMA Process Works



STEP 1

WHO: Physician

WHEN: Day 1

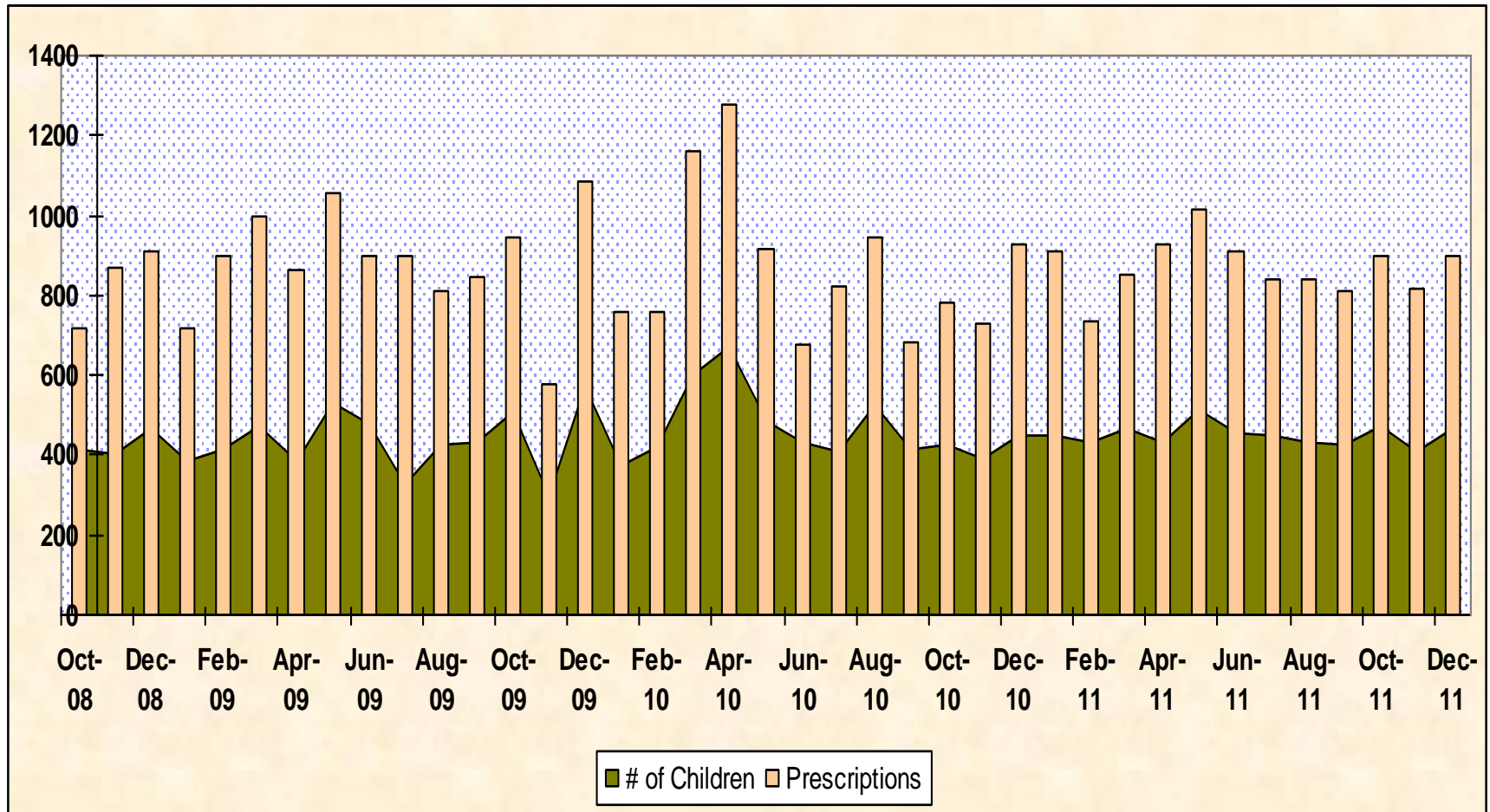
Explains to the caregiver (and child in appropriate language):

- Reason for the medication
- Dosage instructions
- Possible effects of the medication, including possible side effects.

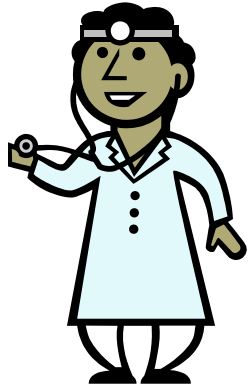
Completes the JV 220 and 220A and faxes the forms to the DCFS PMA desk within 30 days.

Approved PMAs Processed by DCFS

Oct 2008-Dec 2011



How the PMA Process Works (cont.)



Physician Role (continued):

- JV 220 - identifies the child
- JV 220A - is a physician statement that describes
 - the medical findings,
 - how they were obtained
 - the proposed medication
 - Symptoms
 - Diagnosis
 - medical history
 - proposed medications

How the PMA Process Works (cont.)



STEP 2

WHO: DCFS PMA Desk

WHEN: Day 2-3

- DCFS PMA Clerks receive the faxed PMA request
- They send a notice to the child's parents/guardians advising them of the PMA requested by the Physician
- The PMA request is then sent to the Dependency Court PMA Desk

How the PMA Process Works (cont.)



STEP 3

WHO: Dependency Court PMA Desk

WHEN: Day 3-4

- Enters data into the PMA medication tracking system
- Forwards the PMA request to the minor's attorney and CASA
- Forwards a copy of the letter to parents/guardians to their attorneys
- Forwards the PMA request to Juvenile Court Mental Health Services

How the PMA Process Works (cont.)



STEP 4

WHO: Juvenile Court Mental Health Services (JCMHS)

WHEN: Days 4-6

- DMH Medical Staff at JCHMS reviews the PMA request and makes a recommendation to approve or deny to the court (more on this process from DMH)
- JCHMS returns the PMA request to the PMA Desk Clerk

How the PMA Process Works (cont.)



STEP 5

WHO: Dependency Court PMA Desk

WHEN: Day 4-7

- Prepares the PMA request for the Judicial Officer's review
- Forwards the PMA request to the Judicial Officer

How the PMA Process Works (cont.)



STEP 6

WHO: Judicial Officer

WHEN: Day 7-10

- Sets the matter for a hearing if needed
- Rule on the PMA request and completes the JV 223 authorization document
- Assigns a 40 day progress report to be completed by DCFS for new medications
- Forwards the PMA to the Court Assistant

How the PMA Process Works (cont.)



STEP 7

WHO: Court Assistant/Judicial Assistant

WHEN: Day 7-10

- If the court sets the matter for a hearing, the assistant notices all parties
- Returns the PMA to the Dependency Court PMA Desk Clerk

How the PMA Process Works (cont.)



STEP 8

WHO: Dependency Court PMA Desk Clerk

WHEN: Day 7-8

- Provides copies of the JV223 (court ordered approval or denial of the PMA request) to:
 - Attorneys, parents and CASA
 - Juvenile Court Mental Health Services and prescribing physician
 - DCFS PMA Desk

How the PMA Process Works (cont.)



STEP 9

WHO: DCFS PMA Desk Clerks

WHEN: Day 10-14

- Scans and attaches the approved PMA to the child's electronic case
- Sends a copy of the PMA to the CSW and PHN and caregiver
- Notifies D-Rate staff when the Court has ordered a follow-up Progress Report on the new medications

PMA Limitations

- Authorization is good for six months unless otherwise ordered by the court
- If the child needs to continue with the medication more than six months, changes medication or needs an increased dosage of medication, a new PMA must be submitted
- No new authorization is needed if the child sees another physician for a check up within the 6 month period
- Only one PMA can be in effect at any time. All psychotropics administered must be listed on every PMA submitted to the court. The approval of one PMA discontinues approval for any prior PMA

PMA Limitations continued



- PMAs are not required when:
 - Child is in a voluntary placement
 - Child is detained and placed, but no dispositional orders have been made by the court
 - Child is supervised by the court and placed with a parent
- Consent to administer psychotropics must be obtained from the parent in these situations

Psychotropic Medication Progress Report

- Purpose of the Report is to ensure that children are being given the correct medication according to the physician's instructions
- Assist the caregiver to follow up with the prescribing physician when there are concerns about ill effects of the medication

Psychotropic Medication Progress Report continued



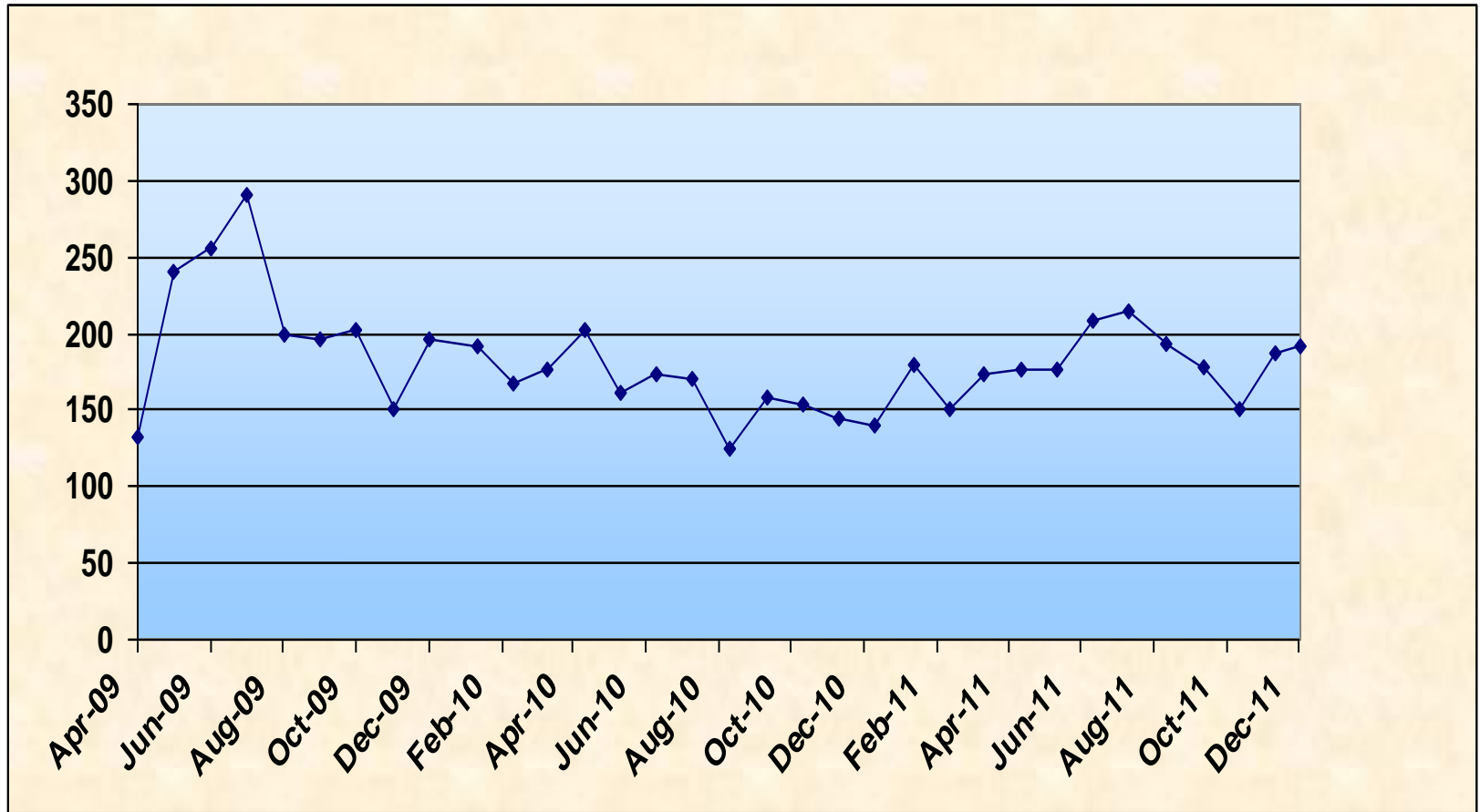
- This progress report is written by a DCFS D-Rate Evaluator (licensed clinician). The D-Rate staff typically contacts the caregiver and child (when appropriate) telephonically to ask:
 - what medications the child is taking,
 - how often,
 - how the child feels about taking the medication
 - to inquire if there are any problems with the medication.

Psychotropic Medication Progress

Report continued

- The D-Rate staff will assist the caregiver to contact the psychiatrist, find a pharmacy that can refill the medication, consult with the public health nurse and/or case-carrying CSW or link the child to a new psychiatrist if necessary
- D-Rate staff then submit their findings, including any actions taken or follow up needed to the court

PMA Monitoring Reports Submitted to Court April 2009 – December 2011



Questions, Comments?



JUVENILE COURT MENTAL HEALTH SERVICES

Department of Mental Health

Gia Crecelius, MD
Jane Tesoro, PharmD

JCMHS Services

- * Review of Psychotropic Medication Authorization forms
- * Clinical consultation to Dependency Court
- * DMH representation to the MDT Pilot Program in Pasadena Delinquency Court

JCMHS Services

- * JCMHS is a multi-disciplinary team consisting of a child/adolescent psychiatrist, a psychiatric clinical pharmacist, a clinical psychologist, several psychiatric nurses and several psychiatric social workers.

Psychotropic Medication Authorization

- * 8,000 - 12,000 psychotropic medication authorization forms (PMAs) from the dependency and the delinquency systems come through our office every year.
- * We make a recommendation to the court whether the PMA should be approved or denied or whether it should be approved with modifications.
- * JCMHS DOES NOT provide or withhold consent. The judicial officer is responsible for providing consent.

PMA Review Process

- * DMH has formal practice parameters for the use of psychotropic medications in children and adolescents.
- * DMH convenes a practice parameters workgroup quarterly.
- * The workgroup consists of DMH and community psychiatrists and pharmacists and representatives from both USC and UCLA.
- * Review of the PMAs is based on DMH practice parameters and American Academy of Child and Adolescent Psychiatry practice parameters.

PMA Review Process

- * Demographic Data
 - * Age
 - * Weight
 - * Height
 - * Gender
 - * Ethnicity
 - * Placement

PMA Review Process

- * Narrative: description of symptoms, duration and severity of symptoms, response to medications, past medication history
- * Diagnosis: as it relates to symptoms
- * Non-medication treatments

PMA Review Process

- * Medical Conditions
 - * Cardiac disorder
 - * Seizure disorder
 - * Others
 - * Non-psychotropic medications

This form must be completed and signed by the prescribing physician. Read JV-219-INFO, *Information About Psychotropic Medication Forms*, for more information about the required forms and the application process.

- ① Information about the child (*name*): _____
Date of birth: _____ Current height: _____ Current weight: _____
Gender: _____ Ethnicity: _____
- ② Type of request:
a. ☐ An initial request to administer psychotropic medication to this child
b. ☐ A request to continue psychotropic medication the child is currently taking
- ③ ☐ This application is made during an emergency situation. The emergency circumstances requiring the temporary administration of psychotropic medication pending the court's decision on this application are:

- ④ Prescribing physician:
a. Name: _____ License number: _____
b. Address: _____
c. Phone numbers: _____
d. Medical specialty of prescribing physician:
☐ Child/adolescent psychiatry ☐ General psychiatry ☐ Family practice/GP ☐ Pediatrics
☐ Other (*specify*): _____
- ⑤ This request is based on a face-to-face clinical evaluation of the child by:
a. ☐ the prescribing physician on (*date*): _____
b. ☐ other (*provide name, professional status, and date of evaluation*): _____

- ⑥ Information about child provided to the prescribing physician by (*check all that apply*):
☐ child ☐ caregiver ☐ teacher ☐ social worker ☐ probation officer ☐ parent
☐ records (*specify*): _____
☐ other (*specify*): _____
- ⑦ Describe the child's symptoms, including duration as well as the child's response to any current psychotropic medication. If the child is not currently taking psychotropic medication, describe treatment alternatives to the proposed administration of psychotropic medication that have been tried with the child in the last six months. If no alternatives have been tried, explain the reasons for not doing so.

Case Number:

Child's name: _____

- 8 Diagnoses from *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* (provide full Axis I and Axis II diagnoses; inclusion of numeric codes is optional):

- 9 Therapeutic services, other than medication, in which the child will participate during the next six months (check all that apply; include frequency for group therapy and individual therapy):

- a. ☐ Group therapy: _____ b. ☐ Individual therapy: _____
c. ☐ Milieu therapy (explain): _____
d. ☐ Other modality (explain): _____

- 10 a. Relevant medical history (describe, specifying significant medical conditions, all current nonpsychotropic medications, date of last physical examination, and any recent abnormal laboratory results):

- b. Relevant laboratory tests performed or ordered (optional information; provide if required by local court rule):

- ☐ kidney function ☐ liver function ☐ thyroid function ☐ UA ☐ glucose ☐ lipid panel
☐ CBC ☐ EKG ☐ pregnancy ☐ medication blood levels (specify): _____
☐ other (specify): _____

- 11 **Mandatory Information Attached:** Significant side effects, warnings/contraindications, drug interactions (including those with continuing psychotropic medication and all nonpsychotropic medication currently taken by the child), and withdrawal symptoms for each recommended medication are included in the attached material.

- 12 a. ☐ The child was told in an age-appropriate manner about the recommended medications, the anticipated benefits, the possible side effects and that a request to the court for permission to begin and/or continue the medication will be made and that he or she may oppose the request. The child's response was ☐ agreeable ☐ other (explain): _____

- b. ☐ The child has not been informed of this request, the recommended medications, their anticipated benefits, and their possible adverse reactions because:

(1) ☐ the child is too young.

(2) ☐ the child lacks the capacity to provide a response (explain): _____

(3) ☐ other (explain): _____

- 13 The child's present caregiver was informed of this request, the recommended medications, the anticipated benefits, and the possible adverse reactions. The caregiver's response was ☐ agreeable ☐ other (explain): _____

- 14 Additional information regarding medication treatment plan: _____

Case Number: _____

Child's name: _____

- 15 List all psychotropic medications currently administered that you propose to continue and all psychotropic medications you propose to begin administering. Mark each psychotropic medication as New (N) or Continuing (C). Administration schedule is optional information; provide if required by local court rule.

Medication name (generic or brand) and symptoms targeted by each medication's anticipated benefit to child	C or N	Maximum total mg/day	Treatment duration*	Administration schedule (optional) • Initial and target schedule for new medication • Current schedule for continuing medication • Provide mg/dose and # of doses/day • If PRN, provide conditions and parameters for use
Med:				
Targets:				
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*Authorization to administer the medication is limited to this time frame or six months from the date the order is issued, whichever occurs first.

- 16 List all psychotropic medications currently administered that will be stopped if this application is granted.

Medication name (generic or brand)	Reason for stopping

- 17 List the psychotropic medications that you know were taken by the child in the past and the reason or reasons these were stopped if the reasons are known to you.

Medication name (generic or brand)	Reason for stopping

Date: _____

Type or print name of prescribing physician

Signature of prescribing physician